



**KENT RECREATION &
PARKS PRESENTS...**

2016 Kickin' Kids Martial Arts Fall Session

Come learn the martial arts with Just for Kicks in their new facility conveniently located in the plaza across from the Kent Schools



Registration includes one or two lessons a week for six weeks as well as a uniform to keep!



Along with personal fitness and martial arts skills, this program promotes self discipline and personal confidence with Just for Kicks' industry leading character development curriculum

**DETAILED FLYER & REGISTRATION FORM CAN BE FOUND ON THE
FOLLOWING PAGES!**

845-531-2100

RECREATION@TOWNOFKENTNY.GOV

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Louis M. Fernandez
Director of Recreation and Parks



Town of Kent Recreation and Parks Department
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Kent Recreation and Just For Kicks Martial Arts Center Present:

2016 Fall Kickin' Kids

Martial Arts Program

Program Description:

This 6 week course is a basic introduction to the Martial Arts that also includes Just For Kick's industry leading character development curriculum. Classes will take place at Just For Kicks. Children will learn basic kicks, blocks, self-defense and much more. The program fee includes a uniform for the children to keep.

Age	Day and Class Time 3 – 4 year olds choose to attend 1 class per week. 5 years and older choose to attend 2 classes per week. (The class day(s) chosen must be attended through the length of the program)	Fee Payable to Just For Kicks Martial Arts:	Fee Payable to Kent Recreation:
		\$55 Per Child	\$15 Per Child
3 - 4 Year Olds	Tuesday @ 4:30pm; Thursday @ 4:30pm or @ Saturday 9:00am		
5 - 6 Year Olds	Monday @ 5:15pm; Tuesday @ 5:00pm; Wednesday @ 5:15pm; Thursday @ 5:00pm; Saturday @ 9:30am		
7 - 9 Year Olds	Monday @ 5:45pm; Tuesday @ 5:30pm; Wednesday @ 5:45pm; Thursday @ 5:30pm; Saturday @ 11:00am		
10 + Year Olds	Monday @ 4:30pm; Tuesday @ 7:15pm; Wednesday @ 4:30pm; Thursday @ 7:15pm; Saturday @ 11:00am		

Children must be the correct age by the start of the program

Classes are approximately 45 minutes in length

Program Dates: Classes begin the week of Monday, October 3

Program Location: Just For Kicks Martial Arts Center, 1100 Route 52, Carmel, NY 10512

For more information on Just For Kicks Martial Arts visit their website:

<http://www.carmelkarate.net/>

Registration begins on Monday, August 29 at the Recreation Office

Registration ends September 23!



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2016 Fall Kickn' Kids Martial Arts Program Registration Form

Fill out form completely. Please print legibly!

Classes Begin the week of October 3		Fee Payable to Just For Kicks Martial Arts	Fee payable to Kent Recreation
Age:		\$55.00	\$15.00
3 – 4 year olds	<input type="checkbox"/> Choose One: <input type="checkbox"/> Tuesday @ 4:30pm <input type="checkbox"/> Thursday @ 4:30pm <input type="checkbox"/> Saturday @ 9:00am		
5 – 6 year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 5:15pm <input type="checkbox"/> Tuesday @ 5:00pm <input type="checkbox"/> Wednesday @ 5:15pm <input type="checkbox"/> Thursday @ 5:00pm <input type="checkbox"/> Saturday @ 9:30am		
7 – 9 year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 5:45pm <input type="checkbox"/> Tuesday @ 5:30pm <input type="checkbox"/> Wednesday @ 5:45pm <input type="checkbox"/> Thursday @ 5:30pm <input type="checkbox"/> Saturday @ 11:00am		
10+ year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 4:30pm <input type="checkbox"/> Tuesday @ 7:15pm <input type="checkbox"/> Wednesday @ 4:30pm <input type="checkbox"/> Thursday @ 7:15pm <input type="checkbox"/> Saturday @ 11:00am		

Participant Information

Participant's Last Name:		First:	MI:	Birth Date:	Age:	Sex:
						Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address:			Home Phone Number:		Secondary Phone Number:	
City:	State:	ZIP Code:	E-Mail		E-Mail 2	
Shirt Size: Y A	Pant Size: Y A	Child's Height:	Child's Weight:	Does the child have any Martial Arts Experience?		
S M L XL	S M L XL			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, please explain:						

Parent/Guardian Information

Father's Name:		Mother's Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Emergency Contact Information

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

Parent or Guardian Authorization, Disclaimer and Waiver of Liability

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the martial arts program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to:	Check Number:	Receipt Number:
			Kent Recreation		